



Mental Health

Little Rock, AR

QUERI Fact Sheet

January 2006

QUERI currently focuses on ten conditions that are prevalent and high-risk among veteran patients: chronic heart failure, colorectal cancer, diabetes, HIV/ AIDS, ischemic heart disease, mental health, polytrauma and blast-related injuries, spinal cord injury, stroke, and substance use disorders.

Major depressive disorder (MDD) is one of the most common and costly of mental disorders. Depression costs the U.S. an estimated \$66 billion per year, which includes both direct (i.e., medical care) and indirect (e.g., lost productivity) costs. In FY02, 542,075 veterans were diagnosed with depression, and veterans with depression account for 14.3% of total VA healthcare costs. Schizophrenia, perhaps the most devastating mental disorder, affects more than 2 million Americans and costs exceed \$30 billion per year, accounting for more than 25% of total direct costs for mental illness. The VA provides care to approximately 100,000 patients with schizophrenia each year, accounting for 11.7% of VA's total healthcare costs.

While there are effective pharmacologic therapies for MDD and schizophrenia, studies show that depression is under-diagnosed and inadequately treated, and that almost 50% of patients with schizophrenia who are discharged from hospitals do not remain in treatment over time.

The Mental Health Quality Enhancement Research Initiative (MH-QUERI) employs the QUERI process (see back page) to improve the quality of care and health outcomes of veterans with schizophrenia and major depressive disorder (MDD). Schizophrenia and MDD were chosen as targets for MH-QUERI due to their prevalence, significant impact on the lives of patients, and substantial cost to society.

MH-QUERI's mission encompasses improving the quality of care for veterans with MDD or schizophrenia through the implementation of research findings and recommendations into routine clinical practice. Since its inception in 1998, MH-

QUERI has worked to implement evidence-based treatment practices and to develop effective strategies for implementing clinical guidelines. Today MH-QUERI efforts center on 9 key areas:

- Implementing collaborative care for depression in primary care, as well as a collaborative care model for schizophrenia in specialty care;
- Improving medication management for schizophrenia;
- Increasing treatment adherence for depression and schizophrenia;
- Implementing innovative informatics solutions and emerging technologies to support care management/collaborative care;
- Implementing outcomes monitoring for schizophrenia;
- Improving treatment and outcomes of comorbid substance use disorders and depression or schizophrenia;
- Implementing evidence-based psychosocial rehabilitation guidelines for schizophrenia;
- Developing and testing peer support programs; and
- Expanding the evidence base regarding treatment of depression and schizophrenia and comorbid medical conditions.

MH-QUERI Projects and Findings

MH-QUERI is focusing its primary efforts in two areas: 1) improving antipsychotic treatment for schizophrenia, and 2) implementing the collaborative care model for the treatment of depression in primary care into routine VA practice settings. MH-QUERI will also focus on a new demonstration project that will test a multi-component strategy for implementing evidence-based antidepressant treatment in substance use treatment settings.

Improving Antipsychotic Treatment for Schizophrenia

MH-QUERI research shows that prescribing rates for the newer antipsychotic agents vary widely, and agents are often prescribed at doses outside of guideline recommended ranges. MH-QUERI's goals are to increase the guideline-concordant use of antipsy-

The MH-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research coordinator for MH-QUERI is **Richard Owen, MD**, and the co-clinical coordinators are **Stephen Marder, MD**, and **Lisa Rubenstein, MD, MSPH**. This Executive Committee includes other experts in the field of mental health: Thomas Berger, PhD; Frederic Blow, PhD; Geoffrey Curran, PhD; Michael Davies, MD; Nancy Jo Dunn, PhD; Susan M. Essock, PhD; Ellen Fischer, PhD; Martha Gerrity, MD, PhD; JoAnn Kirchner, MD; Daniel Kivlahan, PhD; Edward Knight, PhD; Kathleen Lysell, PsyD; Miklos Losonczy, MD, PhD; Susan McCutcheon, RN, EdD; **Jeff Smith, PhD candidate** (Implementation Research Coordinator); William Van Stone, MD; John Williams, Jr, MD, MHS; and Alexander Young, MD, MSHS.

chotics, and to improve monitoring for antipsychotic side effects. MH-QUERI's initial demonstration project in Veterans Integrated Service Network (VISN) 16 targeted reduction in excessive antipsychotic doses and increasing switching of patients from conventional antipsychotic agents to the newer antipsychotics through an intensive implementation strategy. Informed by promising results from this project, MH-QUERI developed a second project that will maintain the focus on reducing excessive antipsychotic doses, while adding interventions that improve side-effect monitoring and appropriate use of clozapine.

Collaborative Care Model for MDD

Dr. Lisa Rubenstein, MH-QUERI co-clinical coordinator, is leading a project to implement a previously tested collaborative care model to improve the quality of depression care across multiple VISNs. This project has resulted in an evidence-based quality improvement (EBQI) program for major depressive disorder that can serve as the basis for spreading improved depression care system-wide. This program includes a web-based depression toolkit and methods for tailoring the care model to site resources, continuously evaluating progress, and sustaining the intervention through facilitated work groups.

Dr. JoAnn Kirchner, MH-QUERI Executive Committee member, leads a related project that utilizes the existing collaborative care framework to study stakeholder values relevant to the adoption of collaborative care and the costs of implementation.

Based on the results of these two studies, a team of MH-QUERI investigators will evaluate the spread and sustainability of the collaborative care model. This new project will improve EBQI methods and implementation of the care model by facilitating and evaluating spread of improved collaborative care within a broader range of new sites, and by explicitly preparing to support national

rollout of improved depression care by working with key VHA stakeholders.

Additional MH-QUERI Findings

Here are a few of the significant findings from MH-QUERI research:

- Depression treatment in primary care settings: The collaborative model employed in the MH-QUERI depression project showed that most patients can be effectively treated in primary care, with only the most severe cases needing to be followed in mental health. Patients' medication compliance (85%) and follow-up appointment attendance (95%) was outstanding. Depression severity scores and functional status scores began showing substantial improvement after 4-6 weeks and showed substantial sustained improvement after six months.
- Variation in antipsychotic prescribing: Antipsychotic medication prescribing continues to vary across VA sites, both in terms of medications used and dose range.
- Reducing costs and high-dose prescribing of antipsychotics: MH-QUERI's initial schizophrenia project stimulated reduction in rates of very high-dose prescribing (25% above the high end of the recommended ranges) in participating intervention sites. This project also reduced annual antipsychotic costs by an average of 9.3% at intervention sites.
- Diagnoses vary among primary care clinics: The frequency of diagnosis of depressive disorders, including MDD, varies substantially in VA primary care clinics.
- Gaps in antidepressant therapy for depression: Although most patients treated with antidepressants in one study were prescribed guideline-recommended doses, only 45% had adequate duration of therapy.

THE QUERI PROCESS

The QUERI process includes six steps:

- 1) identify high-risk/high volume diseases or problems;
- 2) identify best practices;
- 3) define existing practice patterns and outcomes across VA and current variation from best practices;
- 4) identify and implement interventions to promote best practices;
- 5) document that best practices improve outcomes; and
- 6) document that outcomes are associated with improved health-related quality of life.

Contact information for MH-QUERI

Mona Ritchie, LCSW
Administrative Coordinator
Tel: 501/257-1735
E-mail: RitchieMonaJ@uams.edu
Fax: 501/257-1707

Contact for General Information:

Linda McIvor, MHS
QUERI Program Manager,
Health Services Research and
Development Service
Tel: 202/254-0230
E-mail: linda.mcivor@va.gov

VA's Research and Development QUERI Web site: www.hsrdr.research.va.gov/queri
MH-QUERI direct weblink: under construction